



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

QUARTERLY JOURNAL
OF THE
STATISTICAL SOCIETY OF LONDON.

MARCH, 1847.

Statistics of the Government Charitable Dispensaries of India, chiefly in the Bengal and North-Western Provinces. By LIEUT.-COLONEL W. H. SYKES, F.R.S.

[Read before the Statistical Section of the British Association, September 15, 1846.]

SOME time since I submitted to the Statistical Society of London a compendious view of the origin, progress, and present condition of the Educational Institutions of the East India Company in India, for the instruction of native youth, which the Society did me the honour to publish in its Journal. My object in the present paper is to illustrate the practical results of such institutions in one branch of the knowledge communicated, and to prove what a rich harvest of good the people of India are already reaping, and how happily the objects of Government are fructifying. It was during the administration of that enlightened and benevolent nobleman, Lord Auckland, that the noble institutions, described in this paper, had their origin; and it was in a letter, dated 27th April, 1838, that the Government of India sanctioned the establishment of Dispensaries in some of the large towns in the Bengal Presidency. They were to be under the Civil Assistant Surgeon of the station, who was to be allowed fifty rupees per mensem, including his vaccination duties. An educated young man from the Medical College at Calcutta, on a salary varying from 40 to 100 rupees, but latterly fixed at 100 rupees, was to be placed in charge of the Dispensary. A small number of beds for extreme cases and for surgical operations were attached to each Dispensary, and the appointment of boys, as apprentices, for vaccine objects was suggested. It was proposed to limit the monthly charge for each institution to 250 or 300 rupees. The Dispensary was to be furnished with medicines and surgical instruments from the Government stores, and instruction was to be given to any youths who might desire to attend. The native assistant might practise privately.

The judge, magistrate, and civil surgeon were to be a standing committee for the management of the Dispensary, and were to correspond with the Medical Board. The Revenue Commissioners were to have a voice when present; the civil surgeon to be *ex-officio* secretary, and the committee might invite the co-operation of any native gentlemen.

The above arrangements were confirmed by the Court of Directors in a dispatch to Bengal of the 13th July, 1842, directing, however,

that the cost should not exceed a certain fixed sum, unless the natives assisted by subscriptions.

The Medical Board, in a letter to Government, dated 31st October, 1842, speak in confident terms of the prospects of success of the institutions, and say there are more native sub-assistant surgeons than can be employed in the service, "and, if after the trouble and expense which have been incurred in educating them at the new medical college, they be not sufficiently qualified, we must despair of ever seeing that object effectually attained."

What these qualifications proved to be the following paper will show.

The expectation of aid from the natives was not disappointed. The rajah of Burdwan, on the object being made known to him, immediately allotted 200 rupees per mensem for a Dispensary in Burdwan, and others in like manner have come forward.

The sub-assistant surgeons in charge of the Dispensaries were not all natives, although the great majority were so, some being of half-blood, and having probably a familiarity with the English language. The reports and returns were to be made half-yearly by the sub-assistant surgeons themselves; and as I shall have occasion to read a report from one of the educated European surgeons, and one from a native sub-assistant surgeon, the Section will have the opportunity of judging whether they could distinguish the one from the other by the phraseology. But the reports are not limited to the communication of information on medical subjects; they contain also much interesting and valuable matter on meteorology; the habits, customs, and prejudices of the natives; the state of drainage of towns, and physical characteristics of localities. The reports, so sent in, were transmitted by the superintending surgeon to the Medical Board at Calcutta, and by the latter forwarded to Government; and the Government, with sound judgment, directed them to be periodically printed for the use of the Court of Directors, the Government of Bengal, and the Medical Department generally.

I shall first take up for notice the tabular statements from the several Dispensaries, reserving for the close of this paper the text of the reports. In the initiation of extended objects there are generally considerable difficulties, and occasional want of uniformity of action; it is only after a period of working that the discrepancies are observed, and remedies applied. It does not appear that a common form of tabular return was supplied to the several Dispensaries on their establishment, some arranging the diseases treated alphabetically, and others classifying them systematically, according to the natural relation of the diseases, which appears to be the form finally adopted; but even after this form had superseded the alphabetical arrangement, in more than one Dispensary the former imperfect form was had recourse to, necessarily preventing that rigid comparison of progress and result in details, without the capacity for which tabular statements are almost valueless. The final form adopted arranged diseases under the great heads of the "Digestive Function," of the "Respiratory Function," of the "Sanguineous Function," of the "Nervous Function," of the "Sexual Function," of the "Excrement Function," from "External Violence," and a column for "Alii Morbi," which appears a very comprehensive one indeed, although under the great headings no less than fifty-eight diseases

are enumerated. The diseases, under the several heads, are shown in the tables.

As it was originally intended that each Dispensary should have a house-practice for the most serious cases, and out-practice for the generality of diseases, so it was intended that there should be separate returns of the house and out-practice; nevertheless there are but four house returns from Moradabad, a fifth not adaptable, and but five of out-patients. From Furruckabad no house return at all; from Moorshedabad only four instead of six; Allahabad one instead of six, and from Pooree five instead of six. In all these the house-patients have been included with the out-patients, and continuous comparisons therefore interrupted. It was my intention to have given the complete aggregate result of the practice at the several Dispensaries from the first adaptable tables of the second half of 1840, until the reports ending the 31st January, 1845; and it was only after having gone through the labour of extracting the figures from the several tables, with a view to final results, that I found that from the 31st July, 1842, until the 31st July, 1843, and from the 31st January, 1844, to the 31st July, 1844, the reports transmitted to the Court of Directors consisted of mere meagre statements from the Dispensaries, without tables, although from the following passage of the letter, dated December 1, 1843, of the Medical Board to the Deputy Governor of Bengal, Mr. W. W. Bird, forwarding these statements, they must have been of more than usual value:—

“We have on this occasion deemed it right to extract more largely than usual from the reports of some of the sub-assistant surgeons, both as they comprise matter of somewhat more than common interest, and as by permitting them occasionally to speak for themselves, a better means is afforded of judging of the increasing usefulness or otherwise of these institutions than any other that we can furnish, and of the progressive advancement in professional knowledge of the sub-assistants, and facility in the expression of their sentiments in the English language.”

This hiatus is to be regretted, and I felt half disposed to abandon my labour; but on reflection, as my object was rather to show the practical result of our educational system, than to follow the medical practice of the several sub-assistant surgeons, I was induced to persevere; for though I could not show the whole amount of good resulting from the education given to these young men, I could certainly show a very great proportion of it. But the medical man in Europe who may inspect the tables with medical objects, may find occasion to regret the omissions, and want of continuity in the returns. This explanation will account for the blanks for half years, which will be found in the returns of all the Dispensaries. In the cases, however, of Furruckabad, Shahjehanpoor, and Jubbulpoor, the blanks are partially accounted for by these Dispensaries not being contemporaneously established with the rest.

As the returns comprise 267,456 cases treated, it may very properly be asked, what test is there of the accuracy of the returns made by young natives, who had every possible motive for exaggerating and enhancing the amount of their own labours and success, whose bread, in fact, depended upon this success? Setting aside, however,

the daily supervision of the civil surgeon of the station where the Dispensary was located, the returns themselves bear internal evidence of *bona fides*. How easy was it for the sub-assistant surgeons, particularly with out-patients, to put down most of those who ceased to attend as cured; nevertheless 94,618 are put down as relieved only, or ceased to attend. How easy was it for them, in the treatment of diseases which the world knows to be of almost certain cure, such as those of the skin, gonorrhœa, syphilis, &c., to have put them all down as cured; and no one would have questioned the accuracy of the return for a moment; nevertheless not two-thirds of these cases are returned as cured. It might have been expected also with the natural vanity of young men just started into practice, that there would have been some little show-off, some manifestation of a successful treatment of difficult cases; of curing diseases that are not readily affected by medicine or art; but there does not appear to be anything of the kind, excepting in two returns, which may be attributed to typographical errors. Elephantiasis, scrofula, tetanus, epilepsy, paralysis, anasarca, and leprosy, which are rarely manageable in the hands of the European scientific medical man, appear by the returns equally unmanageable in the hands of the native sub-assistant surgeons. There are in the returns numerous typographical errors; many of these have been corrected from the body of the return itself; and the others only occasion an error in the individual return; which is not appreciable in the sums total of all the returns. On the whole, therefore, the returns may be viewed with confidence for their general accuracy. It is not my object to enter into any medical question at all; my object is simply to show the amount of good done, and I might confine myself, therefore, to giving the total results; but the Section may expect from me some cursory observations upon the general features which the tables exhibit; and to this I will limit myself, referring the medical man to the tables themselves for details. I have arranged the tables so that a progressive view may be taken from Dacca and Chittagong, in the low lands of the East, through the low lands of Bengal *viâ* Bhowareepoor, Pooree, Moorshedabad, Patna, and Benares, to the Upper Provinces *viâ* Allahabad, Agra, Delhi, Shahjehanpoor, &c., thus separating what are called the Lower from the Upper Provinces of the Bengal and Agra Governments, that medical men, or others if so disposed, may investigate as far as the tables supply the means, the effect of climate in developing particular diseases. One element, however, to assist the judgment in the investigation, is wanting, and that is the population of the respective neighbourhoods of the several Dispensaries. In only one instance is it given, that of Allahabad, and I have attached it in the Appendix. Confining myself to the broad features, I may state, that 267,456 cases, including house and out-patients, were treated—of this number 168,871 were cured, 2,417 died, and 96,168 ceased to attend, and the results were not known. Intermittent fevers amounted to 20,028, and with the minor accompaniment of 4,590 remittent and 6,807 continued fever cases, take the lead of all other diseases both in the Upper and Lower Provinces, excepting only rheumatism, of which there were acute 9,087, and chronic 19,928 cases. The intermittent fever obtained at all the Dispensaries as a lead—the remittent fever very slightly at Moorshedabad, Pooree,

and Chittagong, in the low lands, but considerably at Dacca, also in the low lands. In the Upper Provinces scarcely at all at Agra and Muttra, but considerably at Delhi and Bareilly. The continued fever appears to have been pretty equally felt, excepting at Moorshedabad and Pooree, in the low lands, and Cawnpore, in the Upper Provinces. Rheumatism, both chronic and acute, prevailed at all the Dispensaries, the only exception for the acute being Moorshedabad and Pooree, in the Lower, and Agra and Muttra, in the Upper Provinces, at which two last places there is not a single entry.

The next great features are ulcers and abscesses. The former rival in amount (20,615) the intermittent fevers, and prevail in all climates, but are readily curable. Phlegmon and abscesses (10,418) are half as numerous as the intermittent fevers.

Diarrhœa appears to prevail generally, but not with any intensity, amounting (9,123) to about two-fifths of the intermittent fevers.

Dysentery, both acute and chronic, appear to be moderate; the former 3,603, and the latter 3,377; the two together barely constituting a third of the intermittent fevers.

Patna, and Benares, and Bareilly suffered most from the former, and Benares and Delhi from the latter forms. Enlargement of the spleen (6,484) appears a common accompaniment, or rather result, of fever cases, but it decidedly prevails in the Lower Provinces rather than the Upper; the only exceptions being Allahabad and Delhi, and at both these places fever prevailed in more than an ordinary degree. The next great feature, or rather the chief feature, as far as numbers go, is that of the comparatively harmless diseases of the skin (25,733). These are common to all the Dispensaries, whether in the Lower or Upper Provinces, and in some few cases they have proved so intractable that death has ensued. A melancholy feature of the returns is the large amount of syphilitic and analogous affections, primary and secondary, amounting respectively to 13,261, 7,658, and 6,694, and frequently being of so inveterate a character as to occasion death. A singular feature of the returns is the comparatively enormous amount of mechanical injuries: of contusions, 1,548, dislocations, 712, incised wounds, 2,588, fractures, 737, and burns, 517: total, 6,102. This scarcely supports our ideas of the gentle, resigned, and placable Indian, but would rather lead us to believe in a good deal of pugnacity and violence, with no indisposition to occasion broken heads and broken bones; it is but fair to admit, however, that many cases are returned as wounds, &c., from elephants and tigers. A very affecting accident is mentioned by the sub-assistant surgeon of Benares, Esher Chunder Gangoolie, under the head of Burns, which terminated fatally; he says—

“The second case was that of a man who fell into the funeral pile of his *only* son. He was burnt all over the front part of his body, and on being brought to the hospital endeavoured, with all the strength that was left him, to prevent the application of external remedies; he also refused to take any internal medicine, and died next morning.”

Such cases of ardent attachment exhibiting itself in other forms than the above, are by no means uncommon, and I have witnessed several. Even in cases of Sutte I have known the widow resist, with all her power, attempts to remove her from the funeral pile of her husband. Both bilious and spasmodic cholera appear but as minor items in the

returns; they appear to have been treated *simultaneously* in several of the Dispensaries, though the mortality from bilious cholera bore no comparison with that from the spasmodic; nevertheless, the results of the latter support the statements I recently published of the mortality in the Madras army for five years, from which it appeared that the mortality from cholera, even in the worst periods, never reached two per cent. of the whole mortality of the army. Inflammatory diseases, whether of the head (370), chest (1,574), or bowels (326), bear a small proportion to the total diseases. I should have thought that inflammation of the chest would have stood prominent in the Upper Provinces; but it appears only to have prevailed to any extent at Moradabad, while a greater number appear on the returns from Chittagong, and 248 from Moorshedabad. Diseases of the nervous functions appear scarcely marked. The largest figure is 1,170, paralysis, with only 90 apoplexy, and 68 tetanus, mania 369, many of which cases are returned cured. It is a singular feature among the people of India that so small an amount of madness, in its various forms, prevails.

Dropsy, under its different divisions, is by no means uncommon, but its treatment on the whole appears successful. Leprosy appears to a considerable extent, 2,436 cases, and throughout the Upper and Lower Provinces remedial treatment appears generally ineffectual, but some cases to the contrary, in one or two of the returns, have led to one of my preliminary observations. I may say the same of asthma, which is generally returned as relieved only, but in some cases the contrary. The asthmatic cases are 3,740. Consumption does not appear on the returns at all of six Dispensaries; a solitary case on some others, and the highest number is at Chittagong (44), where it might have been least expected. On the whole, it is comparatively non-existent in India. Colds are common enough (6,466), although not a third of the fever cases, and do not appear to produce the consequences common in less favoured climates. Disease of the liver, both acute and chronic, the bane of Europeans in India, is but a fraction of the whole amount of disease amongst the natives, only 299 acute, and 739 chronic cases, having come under the observation of the sub-assistant surgeons. It might have been supposed that columns for fifty-eight diseases would have comprised all that it was necessary to report; nevertheless, so far from this being the case, the column of *Alii Morbi* contains the greatest total of any, namely, 51,908. This column comprises hæmorrhoids, cancer, fistula in ano, exostosis, amaurosis, catalepsy, bronchitis, constipation, diseases of the teeth, croup, hysteria, hydrophobia, leucorrhœa, diabetes, and unusual forms of diseases of the respiratory organs, of the sexual organs, of the skin, &c., &c. On the subject of the mortality in the treatment of the different diseases, I shall say little; it can only be fairly put in connexion with the treatment of the house-patients. Here the diseases mostly ran their course and the results were satisfactorily known, but even from the house-list, patients to the number of 1,550 absconded before they were healed. Amongst the out-patients, the results of 89,263 cases were not known, by the parties not returning to the Dispensary; of these many may have died, who are not inserted in the returns. As the Dispensary returns, however, show the number of those who did not return, and the diseases for which they were treated, an approximate estimate of

the probable results may be obtained from the nature of the diseases, and using the results of the treatment of similar diseases in the hospital as elements of comparison and deduction. 171,722 of the out-patients were known to be cured, and the known success justifies, to a certain extent, qualified presumptions of success in the unknown cases. I must, however, refer those disposed to investigate the subject to the tables themselves for the details.

Most of the tables contain a very useful entry of the average time the several diseases were under treatment, both those which ended in death and those which were cured. It is to be regretted that this entry is occasionally omitted in some Dispensary returns, which have once made it, but in others it has never been entered at all, although there is a column for it in the prescribed forms. It would appear that the average results of the time under treatment differs, not only in the returns of the different Dispensaries, but in the returns of the same Dispensary, contrasting one half-year with another half-year. I looked to see whether the difference resulted from climate, distinguishing the Lower from the Upper Provinces, or between one season and another in the same Dispensary, but I could not come to any satisfactory conclusions. A table of the average time some of the principal diseases were under treatment is annexed.

I have now laid before the Section in half an hour, results which it has cost me from eight to ten hours daily labour for three weeks, to accumulate, compare, and digest, and I shall now proceed to easier matters.

I have hitherto adverted only to the knowledge of medicine of the sub-assistant surgeons, but the most valuable branch of knowledge taught to these young men is the science of surgery. The amputation of limbs, couching for cataract, cutting for stone, tapping for dropsy, &c. The success of the several operations is very creditable to the skill and to the nerve of the operators. The diary of many of these cases by some of the operators, in their own simple, and for the sake of brevity, contracted language, is often of considerable interest. I annex two notices of cases of lithotomy, as types of others; but Sub-Assistant Surgeon Ram Narrain Doss, of Cawnpoor, showed his skill, not only as a manipulator in lithotomy, but as an excellent draftsman, for he attached to his report drawings of the stones he extracted.

“Cawnpoor, Dec. 1843.

“Among the operations performed lithotomy forms the most in the number, and since the Dispensary is under my charge, I have operated for stone on twelve subjects, and am proud to say that I have been successful in all of them, all got well without much trouble or suffering, and within the past six months, four cases of lithotomy have been operated, and three are discharged cured, and one is under treatment*.”

“Jabbulpoor, Dec. 1845.

“In this case there was evidently infiltration of urine in the cellular tissue about the neck of the bladder and the communication between that receptacle and rectum was the result of ulceration. The rectum was not certainly wounded during the operation. This is the

* Ram Narrain Doss.—His own words.

only case in which untoward symptoms came on out of my ten successful operations*.”

It will not be necessary to advert more at large to numerous successful surgical operations of all kinds performed by these young men, but in the Appendix I have collected some lists of reported cases for the inspection of such as desire to examine them.

Another of the important duties these young men had to perform, was the discovery and application to remedial purposes of native medicines, many of which were known to be very efficacious, although unknown to our pharmacopœias. It was desired to save the expenditure of European medicines, and to select such native medicines as might advantageously be incorporated in our English pharmacy. How effectually this desire has been realized, will be shown by the accompanying selections from the lists of new medicines used in the Dispensaries†. The most extended list is that supplied by Dr. Davis, of Patna, the zealous author of the statistical account of that city. He has given the names in Hindee and Persian, and has shown where a corresponding English name is wanting, and a glance down his columns proves that 232 native medicines are unknown to our English pharmacy, and the native sub-assistant surgeons supply others. The latter, in their reports upon the compound metallic native medicines, show a very respectable knowledge of chemical analysis; for they themselves, when dissatisfied with the accounts of native physicians, of their process of preparing their medicines, test their accuracy by analysis. In one instance Ram Narrain Doss, of Cawnpoor, exhibits not only his botanical knowledge, but his power of delineation, by sending a scientific description and correct drawing of a plant producing a new medicine, the sha-pussund, a convolvulus, the seeds of which have the same purgative property as rhubarb. He gives an analysis also of the seeds. The drawing accompanies this paper. Dr. Balfour, of Agra, reporting on the conduct of Omachurn Set, on the 31st January, 1841, says—

“All the above, marked as quotation, is from the information of the sub-assistant surgeon, and is furnished generally in his own words. I am happy to be able to continue to report favourably both on his attention and the success of his practice, as it has fallen under my observation. He has, as will be seen above, introduced a considerable number of native remedies into the Dispensary practice, the most useful of which undoubtedly are the blistering flies, and the turbuth, which is now used in large quantities as a substitute for jalap, and will greatly reduce the expenditure of that drug. The most perfect confidence appears to be placed in the sub-assistant surgeon by his patients—they come from very great distances, and are many of them of a most respectable class—and it is no uncommon thing to see one who has been cured return, bringing with him a sick comrade or relation to introduce him to the place. They also return when afflicted themselves with different ailments or a return of the former one. With all the success of the Dispensary, there has been no driving or urging of patients to attend; all that has been done has been to extend the knowledge of

* Sarva Churn Dutt.—His own words.

† It is found inconvenient to insert these lists in the Journal of the Statistical Society; but they are preserved in the archives of the Society for inspection.

the institution as widely as possible, leaving the people to come unfettered. This has answered well, and means are at present being taken by hand-bills in the native languages (which are getting ready) to spread as widely as possible in the neighbouring districts, the intention and benefits of the Agra Dispensary.

“ (Signed) JOHN BALFOUR,
*“ Officiating Civil Surgeon and Officiating Secretary,
 “ Dispensary Committee.”*

An inspection of the general analysis of the house and out-patients will show that there are only three cases of small-pox, and none at all of scurvy, received into the house; and amongst the out-patients only 147 cases of small-pox, and 201 of scurvy. The inference from this inspection would naturally be, that neither the one disease nor the other had scarcely any existence in India. In the one case the inference would be right, in the other, utterly wrong; small-pox being one of the scourges of India. An explanation of this paradox is afforded by the reports. I have previously stated that the reports, independently of rigid statistics, supply information regarding the superstitions, the prejudices, the customs and manners of the natives. The small-pox paradox resolves itself into a universal superstition of the people; and I proceed to solve it by reading extracts partly from the reports of the civil surgeons, and partly from those of the native sub-assistant surgeons. I will not here distinguish the one from the other, leaving it to the Section to determine from the phraseology which is the European and which the Native report; and, first, with regard to the *intensity* of small-pox.

“ Patna, December, 1843.

“ Small-pox raged epidemically as late as the early part of the last month, and we still have under treatment several who are suffering from the sequelæ; these are chiefly abscesses, ulcers, swelling of the joints, &c. If the present year be said to be more fortunate to the grown-up people, it has, nevertheless, been very inauspicious to children. If I say 2,000 of these little beings have sunk under small-pox, I do by no means exaggerate the number*.”

We now come to the explanation of the non-appearance of small-pox cases in the returns, which leads at once to the painful subject of existing popular superstitions.

“ Allahabad, December, 1843.

“ Nothing causes a greater havoc among children than the small-pox—it carries away nearly half of those it affects. It is regarded as a mark of Divine visitation. The Natives are so afraid of it that they dare not administer any medicine, nay, not even to mitigate the severity of the attack, lest the presiding goddess *Setula* take offence for thus attempting to thwart the course she has appointed, and wreak her vengeance on the other children of the mother. This groundless fear has been so strongly impressed on the mind of the ignorant mother, that in many cases she does not indulge her maternal feelings by weeping over the corpse of her dear lost babe; but what cannot prejudice

* By Issar Chunder Gungobee, in his own words.

effect? During the months of March, April, and May no medicine is administered to such fever cases as had not the small-pox before previous to the four or five days; but as soon as the pimples make their appearance they are confined in a room where no air can play, and whence not a bit of the patient's dirty clothes is permitted to be removed before perfect health is restored, or death ensues. It is no wonder, then, if, under so many unfavourable circumstances, a large number of children were to die of this plague. But the train of miseries does not terminate here. Many of those who survive suffer from abscesses of the joints, blindness, deafness, scrofula, bowel complaints, &c., &c., &c.

"The people of Allahabad know not what inoculation is, nor have they any faith in vaccination. However, I doubt not that in the course of a couple of years their eyes will be open to the vast importance of the latter*."

"Jubbulpoor, September 1, 1842.

"The next disease, small-pox, raged simultaneously with the former. It was in a large number of instances extremely severe in its character, and occasioned some mortality throughout the whole district. The difficulty with which a case of small-pox may be brought to the Dispensary, and the general prevalence of superstition, debarred many to participate in time the advantages which this institution affords, the benefits of which they are so fully aware, looking upon it with grateful feelings as one of the numerous blessings from an enlightened Government. I need not state, that it is an universal belief throughout the whole country that small-pox and measles are of super natural origin, and that all medical interferences during its course are highly iniquitous, as they bring down the wrath of the goddess from whose hands the scourge descends. Hence it was that a very small number of applications were received during the course of the disease†."

"September 1, 1842.

"SIR,—I have the honour to inform you, that in my last half-yearly return, ending on the 31st July, 1842, the most prevailing diseases in that season were the small-pox, intermittent fever, continued fever, rheumatism, and partial paralysis. The small-pox, though it was in its contagious state in the city at that time, but very few children affected with the disease were brought to the Dispensary, because the inhabitants of every caste here, on account of prejudices and superstition, chiefly the Hindoos, never subject their children to any medical treatment whatever, from fear that the 'Mauta,' or 'Sillah,' or the goddess of small-pox, will be incensed with them; they even never bring their children out of the house, nor give admission to their intimate friends into their houses, lest the shadow of the man produce any harm to the child; consequently they leave their children to the mercy of their goddess, and allow an ignorant and low caste of people called 'Bhauguts' to interfere for them, who pretend to be as devotees of the goddess. These people do not give any kind of medicine, but vow some previous sacrifices which they make of different kinds, if the

* Jandub Chunder Dhara.—His own words.

† Dr. Ronald, Civil Surgeon.

small-pox be in its confluent state; and very few when distinct; and this is the reason that you will find no more than eight patients were brought to the Dispensary, and were accordingly inserted in my last half-yearly return. The intermittent fever always prevails in the hot season here*."

It is hence shown that small-pox, although scarcely noticed in the returns, is one of the most fatal maladies of the country; and this mortality is unhappily enhanced by the superstitions of the people.

While on the subject of superstition, I may as well add two or three other extracts, patent to our subject, which show the difficulties the European has to experience in working out his benevolent intentions; and, first, with respect to caste.

" Bhowaneepoor, January 31, 1845.

" I therefore most respectfully beg to draw the favourable attention of yourself, the Superintending Surgeon, and ultimately of the Medical Board, to my following suggestions for extending the benefit of this establishment, by removing the serious impediment that stands in the way of its active and extensive operation. I have already stated in my last report that the rooms assigned for the reception of house-patients are very small, and void of free ventilation, so essentially necessary for the purpose. There are three rooms altogether, in two of which four beds are placed, and in the smallest one only one bed. The room for the distribution of medicine, and the space for seats of out-patients, are also so small, that if even one-third of the average daily applicants enter the Dispensary at once, half of them are obliged to stand. This is the only reason why the respectable people hesitate to come in the Dispensary for medicine, where they very justly apprehend the disagreeable necessity of either standing up till they are called, or to sit down with persons *whose touch, nay, even proximity, is not only calculated to cause a disgrace, but to impose upon them the necessity of washing their body after such a contact has taken place, even if it be so by chance.*

" This notion, however superstitious, hinders many a respectable man from availing himself of the advantage of the Dispensary treatment, the superiority of which above the common quackery is unhesitatingly appreciated by them. Under the inconveniences already enumerated as regards the smallness and the limited number of the rooms, I beg leave to state, that no distinction can be made between the male and female, the Hindoo and the Mahomedan patients; more especially as the rooms are connected with each other by openings, and the one is a thoroughfare for the others. This is the only reason, I apprehend, why so small a number of patients like to be treated within the Dispensary†."

The Sub-Assistant Surgeon of the Allahabad Dispensary, writes:—

" The Hindoo villagers, who form the largest portion of our patients, both extern and intern, and who, when they come for treatment, generally bring their families with them, objected to live in the hospital bungalow, as much through the fear of losing their caste, as of being

* Chimmun Loll.—His own words, in a letter to A. Ross, Esq., Civil Surgeon, Delhi.

† Callachund Day.—His own words.

obliged to be separated from their dear ones. To obviate this difficulty, the late magistrate, Mr. R. Montgomerie, had raised a large hut, divided into seven rooms; one of these has been made the hospital cook-room, and the other six allotted to the village patients, where they lived with their families and friends very comfortably. These huts were regularly repaired by the magistrate's men, but since the departure of that functionary, they have been entirely neglected, and the late rains have brought them down to the ground. This has put a stop to the influx of many important surgical and medical cases, as well as greatly interfered with the cook's duties, and the preparation of decoctions, infusions, ointment, &c. &c. I had repeatedly brought this fact to the notice of the present magistrate, the Dispensary committee, and latterly to that of the civil engineer, but I am sorry to say with no good results. They have all acknowledged the great utility of these out-houses, yet have refused to repair them, the magistrate because he has no funds for the purpose, and the civil engineer because it is not his duty. This has been a serious loss, and I fear the Dispensary will have to suffer on its account. It having already sustained a loss of 58 patients, last time there were 152, whereas there were 92 only this season.

"The people of Upper Hindoostan are still so strongly prejudiced against female freedom and female happiness, that they always take the best care to keep their wives and daughters in the innermost recess of their cooped-up houses; they have no faith on each other, and consequently none of the other sex, but such as belong to the family, can have an access to the family part. When sick of the ordinary diseases, I mean when not very dangerously ill, they must be treated by the history of the case as described by some of their male relatives, otherwise the physician is permitted to feel the pulse, by which guide alone they must be treated. It is no wonder then that for the diseases of the urinary and the generative organs they should invariably have recourse to nurses and old grandmothers. The very few who apply to the Dispensary come not before the disease has advanced to a fatal extent. A very large number of women suffer on account of this over modesty and groundless shame from difficult parturition and its sequelæ. The country nurses, who are proverbially ignorant, and who know nothing of the organs they deal with, or of their functions, natural or as modified by circumstances, but are nurses only by birth-right, are called in on all occasions of parturition; but these, instead of assisting the parturient female, treat her so roughly, and that so frequently, and relate to her so many frightful tales, to shorten as they believe labour pains, and to quicken delivery, as to depress her spirits entirely. Thus a most easy and natural phenomenon is often converted into a most troublesome and hazardous job. The Hakeems have no medicines to expedite delivery, neither do the people approve of the plan of administering medicines to pregnant women.

"The next source of female misery lies in the belief in ghosts and evil spirits. The nervous diseases are all regarded as signs of the patient being influenced by *bhoot* or ghosts, recourse is therefore invariably had in all such cases to blowing *munters**, and suspending amulets.

* Charms.

"*Mithooa*, so called from a false notion that the disease arises from the excessive sweetness, or *mithæ*, of the mother's milk. It is a very fatal disease. It greatly resembles the *tabes mesenterica* of the European authors, I say resembles, because I have not yet had an opportunity to identify the two diseases by *post mortem* examination. *Mithooa* is characterized by the same wasting of the body, tumefaction of the abdomen, presence of a slow fever, disordered state of the bowels, and, lastly, consumption and death. A combination of two savage customs has contributed to make this disease so common in this country, and the extreme poverty of the people has made it so fatal, at or about the second month of its infantile life, every child is made to take opium, wine, or any other narcotic drug to lull it into sleep—this unnatural and cruel practice has gained so firm a footing, in this city in particular, that even the rich mothers, who can easily afford maid servants for their children, nay, who have them already, indulge in it frequently. I have repeatedly explained the evil consequences of such a dangerous proceeding, and so has Dr. Beattie (who was ever anxious and always ready to promote the interest of the Dispensary, and to convince the people of the superiority of the Dispensary mode of treatment over the native quackery,) often done to give validity to my assertions, but I fear with no very good or great results. The ample opportunity afforded to the mother by this inhuman course, and the very few number of times she is required to suckle the child, induce her soon to overlook the evil and dangerous consequences, and to resume her task of destruction*."

" Mooradabad, January 31, 1845.

"Although the people as elsewhere well know the benefits they often derive from the Institution, from the circumstance of numerous difficult and hopeless cases being cured daily; yet why they do not resort to it at the commencement of their sickness is a matter much to be wondered at. They seem to entertain a deadly fear of the knife. Another circumstance to be noticed, is that the female sex, when they become attacked with a fatal or trifling disease, are never allowed to appear before a physician. Whenever I am called upon to attend them, the pulse is the only guide by which to ascertain the extent of their disease. The people, whenever they are attacked with any disease, often bring with them their urine for my inspection. The inspection of urine being considered as a safe and certain guide to ascertain the nature and extent of every disease†."

It will thus be seen that there is no ordinary difficulty in administering to female ailments, from the determined exclusion of the women of many classes: and caste, and superstitious usages add to the difficulties the European medical man has to encounter.

I now submit extracts from various reports; one from the Statistical Report of Dr. Davis upon Patna; one relating to meteorology; another containing sensible observations on burial-grounds at Benares; another on strokes of the sun; an entire but short report from a European civil surgeon, for comparison with native reports; one upon drainage; and finally, an extract, illustrative of grammatical phraseology.

* Sub-Assistant-Surgeon Jandub Chunder Dhara.

† Tara Chand Pine.

Respecting the inhabitants of Patna, Dr. S. Davis writes:—

“The habits, education, morals, and customs of the inhabitants of the city are in many respects better than those of many of the great cities of India. There is less of religious parade and intolerance amongst the Hindoos; and the Mussulmans (though very numerous) are greatly shorn of that arrogance which has clung to their character and manners, more or less since the Mahomedan conquests: this doubtless arises from the circumstance of there being but few families of either nobility or large property, and consequently few priests to minister to their vanities and weaknesses, for ‘wherever the carcass is, there the ravens will be.’

“I have before said that the city impresses the enquirer with the idea of active industry, and it is chiefly by the exercise of this that the large population is supported. As regards education all that can be said is, that as a certain quantity of learning is necessary for bunyas and shopkeepers, there are few, except the poorest of the labouring classes, who cannot read and write, and but few who have higher acquirements of a scholastic character than this, if we except a class of men who are brought up with a view of exercising their talents as Omlahs in the different Courts, and a few others who are in the course of education at the Government School. Amongst the former are some learned in oriental literature, but by far the greater part are Utilitarians, and acquire only that measure, which will come into actual play, and turn to account. The Government School having been established but five years, it is difficult to say what will eventually be the effect of it; but when we consider that the great inducements to learning are profit, either in the shape of money, station, or fame, and the little chance the *élèves* of these establishments have with those who have been spending their youth in acquiring an intimate acquaintance with the actual practice of the Courts, and are, as it were, ready-made Omlahs, I think the chances are, that those who merely look on the profit side of the question will give their sons an education, which will fit them for immediate employment at Patna. The Government School has never been a popular institution. At first there was a feeling that it was intended to alienate the children from their paternal faith; then again, the system was not considered sufficiently utilitarian, so that comparatively but few of the respectable natives encouraged their children to attend it. Time will doubtless wear away their feelings, and we may yet hope to see knowledge spread its root and branches far and wide.

“With respect to the morals and customs of the citizens, it is difficult to form any rational conclusion, on account of the exclusive mode of life of both Hindoos and Mussulmans, except that inasmuch as industry prevails, immorality (which is the offspring of idleness) usually declines. In a population of upwards of three lacs there must be much immorality, and in crowded cities drunkenness is generally a crying evil. It is to be lamented that there are many facilities for indulging this vice: the city is surrounded with toddy trees; and in addition to the produce of these, intoxicating liquors are prepared from molasses, *mova*, and other articles; but notwithstanding this, I do not think that the inhabitants generally are intemperate, though in a city of such magnitude, the consumption of country wine and spirit

among the lower classes must be considerable. The grosser vices of bloodshed and theft appear to be less frequent than in other districts, owing probably to the full employment which every one willing to work may obtain for his time; and on the whole the population may be classed as industrious, with fewer of the prejudices than exist among the village population generally. There is nothing peculiar to notice in their customs, and I shall proceed to a slight review of the state of the public health.

"The province of Behar may be considered as favourable to health as most parts of the Continent of India, and the diseases I have mentioned as frequently met with at Patna cannot be considered as proof to the contrary. The objects of some of them are outcasts from their families and homes, and are brought together here from the surrounding districts, by the common desire of exciting the commiseration of the wealthy and humane.

"As in all crowded cities epidemics occasionally appear, and spread devastation around them; and during the eight years of my residence I have seen several severe visitations of cholera and remittent fever, the former usually making its appearance at the commencement of the hot winds. There is often in April and May, an indescribable but well understood state of the atmosphere, accompanied with variations in the wind, and a hazy and sultry appearance that is favourable to the production of the former very frightful disease. During such weather you find vegetation blighted by impalpably small animalculæ, which elude the perception of the naked eye, but are easily discerned by the aid of microscopic instruments.

"I have long thought that cholera and some other diseases have their origin in animalculine blight, and late writers have brought together so many facts bearing on the subject, that this opinion gains ground with me daily, nor is the circumstance of diseases spreading more in crowded cities than in smaller localities at all contrary to this theory, since there are so many more points of attraction or deposit. The state of the atmosphere is without doubt greatly modified by the locality over which it ranges, and in situations favourable to the production of disease, it is not unreasonable to conclude that a peculiar state of it is attended by a vivifying influence which brings into existence poisonous animalculine exhalations capable of producing maladies in those who may be obnoxious to it, either from congenital or induced debility or other idiosyncrasy. Those visitations are not of very frequent occurrence here, but the district to the south of Patna is rather low and swampy, and I think *cæteris paribus* rather favourable to the production of this pestilence. The same theory may perhaps be applicable to remittent fever, and the difference between the diseases accounted for, either by the quality or dose of the poison. The fevers of this part of the country are, however, much more manageable than the bilious remittent of Bengal, and partake more of the nature of inflammatory fever, as the remissions are very imperfect, and the Hepatic system is less deranged. Nineteen cases out of twenty yield to active and prompt medical treatment; but where this is neglected dysentery frequently ensues, and brings about a fatal termination. Rheumatism is very common, and difficult of cure, and a very great

many cases of cataract occur in men and women between the ages of 50 and 70: the operations for this disease at the City Dispensary are very numerous and successful.

"On a general review of the state of the population of Patna, as respects health and disease, I have little to suggest. It would be very desirable if the inhabitants were spread over a larger surface, but as this is almost impossible to accomplish, the greatest safeguard to health will be proper drainage, and the prevention of accumulations of filth. I have mentioned that the land to the southward of the city is in many parts very low, but although low, most of it is above the level of the river during the months of October and November, and might, without any great difficulty, be drained into it by one or two judiciously placed canals; this would probably interfere with the proprietary rights of a few zemindars, as the water is dammed for the purpose of irrigation; but this might be settled without much difficulty. If this plan were carried into effect, it would be necessary to have water on the side of the river to prevent its ingress during the rains, and in addition to these a pukka drain on either side of the main street communicating with these canals should be made, by which means the whole city and suburbs would be effectually drained. I cannot help thinking that this would materially add to the healthiness of the city, as I consider the fevers at the close of the rains to arise from pestilential exhalations from the low marshy land to the south, brought into a state of activity (if not of vitality) by a peculiar electrical state of the atmosphere, which occasionally prevails at that season; for it is a well-known fact that the residents of the high banks of the river suffer less than those of its southern environs. In respect to the many loathsome objects who are continually wandering about the streets of Patna, it is a great desideratum that some asylum should be provided for them, not with a view to their cure, for it is unlikely that more could be done for them in that respect than they have the means of attaining by application at the Dispensary, but in affording them food and shelter and a little clothing during the cold weather. It may be urged that these poor creatures are more the objects for private charity than for the consideration of Government; but when we see that, notwithstanding the liberal exercise of this, hundreds are outcasts from their family and homes, without food or clothes, and too much crippled by disease to obtain either by their own industry, it surely becomes a benign Government to find them shelter and protection. Even under the Native Governments, *Serais* were established and maintained, and endowments were given for charitable purposes; and it is difficult to contemplate their enlightened successors retrograding in charity and protection. The same state of things exists, I presume, in all the great cities of India, and a small appropriation of the many funds at the disposal of Government would put an end to it and prevent the unsightly perambulations of these pitiable but disgusting beings. The Ferry Funds are rich and unappropriated, and a 'Refuge for the Destitute' might be formed from them, which, under proper management, would be a real charity."

The half-yearly report of Sub-Assistant-Surgeon Jaudub Chunder Dhara, after giving a succinct chronicle of the state of the atmosphere

and of disease, together with the operations of the Allahabad Dispensary during that period, terminates with the following observations by Jaudub Chunder Dhara, Sub-Assistant Surgeon.

"In conclusion, I beg to bring to the notice of the Board the happy and wonderful effects of the nitrate of silver, in a species of skin disease very common in India. It is characterised by the discoloration of the skin, in small patches, with loss of sensibility in the parts. The lips, palms of the hands, and soles of the feet are most frequently attacked, but the rest of the body is not entirely free from the affection. It begins in very minute white spots, which gradually expand till they occupy a larger surface. The disease is not attended with any pain or constitutional irritation; the patients enjoy pretty good health, and think of medicine, because the spots look bad, but especially because it is deemed by the natives the result of some first-rate sin committed in a former life.

"The Hakeems reckon seven different species, but I have remarked only two; one proceeds rapidly, and puts out of colour nearly the whole cutaneous surface, but the other is mild, and scarcely becomes larger than a Company's rupee. It is to this last species that my experiments have been confined.

"The immediate cause of the disease is, I believe, the want of fresh secretion of the *rete mucosum*, consequent on debility of the secreting organs. The Hakeems have no cure for it, and I believe the disease is not known in Europe.

"The nitrate of silver removes these patches pretty quickly, and I think permanently too. It should be applied lightly to the spots from eight to twelve times, with an interval of five days between every two applications, to let the stain of the first wear off, before the second application is made. When the patches are first touched with the nitrate of silver there is, generally speaking, no pain felt, but after they have become redder and smaller there is a slight tingling sensation perceived.

"The healing commences from the circumference, and proceeds towards the centre. It is quick at first, but becomes more and more dull as the spots are reduced nearer to their original size."

The Superintendent Surgeon adds:—

"In appending a few observations to this half-yearly report of Sub-Assistant-Surgeon Jaudub Chunder Dhara, I have much pleasure in stating, for the information of the Medical Board, that his conduct has been most exemplary during the last six months, and such as to merit my approval in every respect.

"From his excellent qualifications as a medical practitioner, zealous attention to his profession, and great success in his treatment of the numerous sick submitted to his care, he has inspired general confidence and respect.

"In the performance of surgical operations he exhibits coolness, dexterity, and judgment.

"The conduct of apprentice Lalla merits my approbation, and I intend shortly to send him before the Medical Committee at this station for examination as to the progress he has made in his studies. I regret to say that the other apprentice, 'Chunnee,' has not given satisfaction, and I have been obliged to dismiss him, and am looking

out for a substitute in his place ; being a high caste Brahmin, he objected to touch a dead body."

The following notes on the burial-grounds of Benares, by Issar Chunder Gangooly, brings to light a most serious evil:—

"Benares, January 31, 1844.

"The liberal disposition with which suggestions are received by my superiors, emboldens me to bring to their notice the existence of another evil in Benares, which is productive of serious mischief, I mean the indiscriminate appropriation of grounds for burying the dead. I have counted 150, and some of my acquaintances say there is as many more, of these elevations of grounds, called takias, in and about Benares; and as the poor do not mind to bury the dead deeper than they think it necessary, a few years' rains expose them to the action of the atmospheric heat and air. The incalculable mischief which such an exposure might be productive of, can be known only to those who have witnessed the rapidity with which decomposition of animal matter takes place under an Indian sun of April and May. Were I to deal widely in hypothesis, I might with every plausible reason attribute the occurrence of epidemic cholera to this source. Effluvia from putrid dead bodies (emanating from the burial-grounds from accidental causes) under favourable circumstances, has been known even in Europe to nearly depopulate a number of villages, and that in India it will produce similar effects, but of an aggravated nature, is matter of no surprise."

A feature of Indian society not less deplorable, is that mentioned by Nilmoney Dutt, in explanation of the excessive mortality in the Pooree Dispensary:—

"This mortality, as occurring in a well-appointed public institution, is at first sight appalling; but when it is considered that the admissions are principally pilgrims to the shrine of Juggernaut, who are lifted from the road-side in a dying state, as was fully explained in the report of the last half-year, such a ratio of deaths so treated cannot occasion surprise, and is no wise attributable to mismanagement on the part of the Dispensary officers."

The Agra returns contain interesting notes by both the European and the Native officers; and the following observations on the use of Dispensaries, by Omachurn Set, are well worthy of perusal:—

August 9, 1842.

"I am glad to observe that the benefits of the Dispensary are now beginning to be better known and appreciated among the people than they were formerly. On reference, however, to the monthly returns, it would be found that the surgical diseases predominate vastly over the medical ones, a circumstance proving clearly the greater confidence they place in our treatment of the former than that of the latter classes of diseases, still it is not uncommon to find even the most respectable natives to have recourse to us for the treatment of medical complaints when the Hakeems failed in curing or affording the relief sought for. Those who have never used any European medicine seem to entertain a deadly dread of their strong action, and are not inclined

to take them, (though they might not have any objection on the score of religion,) if they could afford to buy from the Hakeem's shop the ordinary native medicines, which are said to be mild, and often perhaps *too mild* in their action, though usually grateful to the palate. The sick poor, however, seem to place an unbounded confidence in our treatment of both medical and surgical diseases. This is to be attributed partly to their being unable to purchase the native medicines from the Hakeems, partly to their being much less influenced by religious prejudices, which exercise so powerful a tone of authority over the thoughts and actions of the higher classes; but I believe, in a great measure, to the past experience they have had of the benefits of the European plan of treatment since the establishment of the Dispensary. The state of notoriety to which the Dispensary has already been brought into since its commencement would, it is to be hoped, work its way on the scruples and prejudices of many, which are still forming so formidable an obstacle to a more extensive distribution of medical relief."

Surgeon Shaw, at Agra, observes:—

"The season I consider to have been particularly healthy; there has been no epidemic—measles prevailed to some extent, but was of a mild character and seldom proved fatal. At one time small-pox was said to be in the city, but did not extend towards the middle and end of the hot winds; intermittent and remittent fevers assumed rather a formidable aspect, and carried many to their long homes. The additions to the list of applications for relief were not much increased by it. Those for local and surgical diseases were much more extensive than for medical, although there was a very fair show of the latter. The advantages derived from surgery are much easier demonstrated than those from medicine, and come more readily within the scope of a native's comprehension."

With reference to the obstacles to their acceptance of relief presented by the habits and customs of the natives, he adds:—

"Besides, a native is by no means given to follow the *post hoc ergo propter hoc* belief as far as regards cure by European medicine, however he might be induced to follow it after the charms and incantation of the Hakeem. There is, however, another reason which influences them. A native when ill has a great disinclination to be removed from his house. He cannot cook his own food, or wait upon himself. His caste acts as a bar to his being waited on by strangers, and therefore if he moves must necessarily bring along with him one or more of his relations; this of course is a serious evil to his household, and he prefers lingering on in his disease to seeking a cure at a distance. To this may be added the prejudices which already exist in his mind in favour of his native remedies. In most surgical diseases these objections do not exist. It is principally the poorer class of natives that flock to this charity for relief, and to them it is more satisfactory to afford it. They seek it with avidity, and receive the benefits with sincere thankfulness. It is, however, not infrequent for the better classes to apply, especially when their own remedies have failed."

Drainage.—Calcutta.

“*Roads, Streets, and Drains.*—While attempting to trace up by the increased prevalence of particular diseases in certain localities, to the nuisances therein located, with a view for their ultimate removal, we should not overlook a subject that is intimately connected with the health and comfort of the inhabitants of the suburbs in general, and perhaps of the city itself. I allude here to the bad state of the roads, streets, and drains throughout the suburbs, but more especially of those that are in the same lines with the prevalent winds. There can be no doubt that these at present exercise a considerable influence on the public health of the suburbs, and that an improvement on the former will be followed by a better enjoyment of the latter. But it is too well known to be here adverted to, that our mofussil roads and streets are very badly off, both as to their construction and cleanliness; and the drains here, instead of serving the purposes for which they were constructed, serve chiefly as reservoirs for filth and water, and thus generate those unseen particles termed *malaria*. These, with the dust from the roads, are carried off in the atmosphere, and conveyed through it by the prevalent winds northwards during one half year to the city, and southward to the district during the other, and thus become the fertile sources of disease in both. Hence the importance of paying more attention to the subject, cannot be too strongly urged to the notice of those that have the public management of them*.”

Food of the Natives.

“Gyah, Feb. 1, 1845.

“The number of deaths that we had this year from diarrhoea is accounted for by the people of this country living chiefly on *Sattoo*, parched gram, a coarse kind of flour and other indigestible vegetable food, which by continued use excite a kind of chronic irritation in the stomach and intestines, producing symptoms of dyspepsia and diarrhoea, which the poor people neglect till they are unable to go on without medical assistance, then they come to the hospital with the disease too far advanced, and with œdema of their extremities, and at that time medicines can do very little for them.

“SHAMACHURN SIRCAR,

“*Sub-Assistant Surgeon.*”

“Patna.

“The prevailing complaints were fevers, spleen, diarrhoea, dysentery, &c. The Native Medical Officer observes, that ‘bowel complaints in this district of the country depend more upon the irregularity of food which they (the people) live upon, and the water they drink, than upon climate.’ Cholera, he reports, had raged in the city with violence during the months of May, June, and July last. The surgical operations performed by him have been numerous.

“RAM ESHUR AWASTHEE.”

This series of extracts shows that the young men did not confine themselves to the mere mechanical performance of their professional duties, but that they took comprehensive views of the means of making

* Observations on Drainage, by Callachund Day.

their own knowledge more generally useful, and they have advanced their reputation and the good of the State by so doing.

There are returns of vaccination and cholera, treated in the cities and districts, but as they do not come under strict Dispensary practice, I abstain from noticing them.

Lucknow Hospital.

The King of Lucknow, in imitation of the liberality of the Company's Government, established in Oude a charitable hospital for the sick; but of this it is unnecessary to speak.

Calcutta Hospital.

The Calcutta Hospital is entirely independent of the Dispensaries previously noticed, and with its dependent Dispensaries, relieves annually an amazing amount of suffering. The return is—

Relieved.		Funds.	
1842.	1843.	1842.	1843.
294,885	307,112	403,338 Rs.	419,838 Rs.

With one or two words on the estimation of the character and abilities of these sub-assistant surgeons by their superiors, as typical of their general estimation, I close my notices of Bengal.

Mr. Macintire says of Shamachurn Dutt:—

“January 31, 1845.

“To the foregoing Report I have only to add, that the general and professional conduct of Sub-Assistant Surgeon Shamachurn Dutt, continues such as to merit the highest commendation which it is in my power to bestow. He is respected not only by such Europeans as know him, but by all classes of his countrymen in and about Jubbulpore, whose confidence in him as a medical practitioner is increasing in a very pleasing manner, considering their ignorance, superstitions, and deeply-rooted prejudices. In fact, the institution under his professional charge has turned out to be a real blessing to the native population of this part of the country.

“(Signed)

J. MACINTIRE,

“Civil-Assistant-Surgeon,

“and Superintendent of Government Dispensary, Jubbulpore.”

And Dr. Cumberland could shew his confidence no further than by putting himself into the hands of Nilmoney Dutt, to be killed or cured, as he relates in the half-yearly Report of the Government Dispensary at Pooree, February to July, 1841, from which the following are extracts:—

“A scarcity of grain has prevailed for many months past, and the same still continues, although the disease has ceased.

“There can be no doubt, however, that the scarcity has been the chief cause of the excessive mortality attending the disease. The grain that the poorer class of people consume, is of a very coarse and inferior quality, and they eked out a scanty meal of this, with such indigestible herbs and roots, that they do not eat at other times. the irritable state of the intestinal canal thus induced, rendered them pecu-

liarily liable to an attack of cholera, while the debility attendant on long-continued poor diet rendered them ill able to bear up against the disease.

“Sub-Assistant Surgeon Baboo Nilmoney Dutt joined on the 17th May last. His conduct has been very good in every respect. With regard to his qualifications, I cannot say more than that I entrusted myself with confidence to his care, when labouring under an attack of bilious remittent fever, and have every reason to be satisfied with his prompt and judicious treatment. The conduct of the two apprentices still continues to merit my warmest approval. They have lately had many trying scenes to encounter, particularly when there were 140 patients in hospital at once, most of them suffering from cholera. These youths were constantly in attendance, both night and day, for weeks together.

“*Pooree, August 1, 1841.*”

“R. B. CUMBERLAND.

Of Madras and Bombay I shall say little, for there is little to say.

The following, however, shows that Dispensaries were authorized for Madras, but I know nothing of their working or usefulness. It is an extract from a Public Letter to Fort St. George:—

“December 8, 1841.

“We sanction the formation of Dispensaries in the towns of Trichinopoly, Madura, Masulipatam, Nellore, Bellary, and Cuddapa, as an experimental measure, in the manner proposed; but we desire that no others may be established, until we are informed of the expense, and are satisfied with the results of those now sanctioned.

“On the establishment of these Hospitals, ample opportunity of instruction should be afforded to such Native students of medicine as may be in a condition to avail themselves of such an advantage.”

Dispensaries subsequently authorized.

One on the south side of Madras, for the benefit of the poorer classes of the inhabitants of Triplicane, Royapettah, St. Thome, and the adjoining villages; also at Salem, Calicut, Vizagapatam, and Kurnaul.

In Bombay the Dispensaries are under the European medical officer, and not, as in Bengal, under a sub-assistant surgeon. The Bombay system is adopted at Madras, The judge and magistrate to allot a public building, or to hire one. *Not indiscriminately* open to every patient. The Native inhabitants with the ordinary diseases not to be admitted as *in-patients*, but accessible for advice and medicine to all *out-patients*. European superintendent to have fifty rupees per mensem. Each Dispensary to have ten barrack-cots, mattresses, pillows, and twenty quilts. Each to have a second dresser or assistant. To be inspected by the magistrates and superintending surgeons. When females apply, a separate ward to be allotted to them.

There are not any returns from Bombay.

In conclusion: it has been contemptuously said, and is still said, that in case the Company's Government in India were swept away, not a monument of its existence would remain to attest its former state

and power. No doubt the Governments that have preceded the British in India have left sufficient proofs of their existence. The early Buddhist and Hindoo authorities have, indeed, left prodigious monuments of their wealth, of their power, of their perseverance, and of their religious enthusiasm, in their mighty cave temples and vast religious edifices. The Mahomedans, too, have studded the land with their magnificent mausolea, testifying rather to their pride than their piety. And what have the British done? I say we have raised greater and more lasting monuments than all these. One small extract from a report of a Native sub-assistant surgeon shall justify my assertion; he says.—

“Delhi, August 1, 1841.

“One boy, about twelve years of age, who had been blind from cataract in both eyes from the age of two years, was operated on by couching and restored to sight*.”

I affirm that this faculty, given to a single native, to perform the God-like office of restoring the blind of his countrymen to sight, is a more glorious monument than all the works of art that human pride or human ambition have ever burthened the earth with; but when we find scores of such individuals endowed with such a faculty, and thousands, nay, tens of thousands, possibly the recipients of the blessings they can confer,—when we find the Medical Boards of the Bengal Government reporting to Government on the 22nd August, 1843,—

“We have every reason to believe that the benevolent intention of Government in founding these institutions has been fully realized—and we feel confident that future annual results will add to the intrinsic value of the Dispensaries, which are so well adapted by their internal economy to obtain the confidence of the native inhabitants.

“Many have had their sight restored—others have been cured of hydrocele—and relieved when in the last stage of dropsy. Several have also derived effectual relief from the successful operation for stone in the bladder. A few have been saved from a miserable death by the amputation of diseased members, and large tumours have been removed.

“Such operations could not have been achieved by native practitioners, without producing an impression on the minds of the most apathetic natives, and they must tend to spread far and wide the value of the Government Dispensaries.”

Then, I say, and with a thorough conviction of the truth of my assertion, in case the seeds of knowledge we have thus sown fructify to a general and luxuriant harvest, that we shall have left a monument with which those of Ashoka, Chundra Goopta, and Shah Jehan, or any other Indian potentate sink into insignificance; and their names shall fall on men's ears unheeded, while those of Auckland, as projector, and of Goodeve, and Mouatt, and others, as zealous promoters of scientific Native medical education, shall remain embalmed in the memory of a grateful Indian posterity.

* Sub-Assistant Surgeon Chimmun Zall.

TABLE I.—continued.

Dispensaries.	Of the Nervous Function.						Of the Excrement Function.						From External Violence.						Total.	Cured.	Relieved or Abandoned.	Expenses for the Half-year ending 31st Jan. 1845.										
	Mania.	Catarecta.	Tetanus.	Chorea.	Epilepsia.	Apoplexia.	Paralysis.	Gonorrhoea.	Of the Sexual Function.	Tumours.	Hydroceph.	Hydrothorax.	Ascites.	Dysuria.	Leprosy.	Psora and Herpes.	Contusio.	Luxatio & Subluxatio.					Incusum.	Scloppetorum.	Anguinum.	Vulnus.	Fractura.	Concusio Cerebri.				
Bhowanipoor	23	87	6	9	12	23	86	278	3	44	105	..	24	19	13	205	1001	230	47	185	8	2	16	21	..	2622	13838	11	8271	4556	1185	
Mooredabad	21	..	..	6	4	..	2	633	7	24	45	..	7	8	24	22	1289	20	147	8	..	..	20	8	..	2723	12731	16	6404	6311	1069
Poorce, Juggernath	23	7	..	1	4	..	2	63	..	9	146	..	7	8	24	238	17	9	36	..	..	..	..	..	..	273	14136	560	2236	1349	1969
Chittagong	20	54	..	7	14	12	87	576	30	54	..	4	64	16	164	1814	127	22	481	..	..	..	..	..	..	7478	17963	15	11468	6400	1061
Dacca	59	53	5	7	19	..	43	264	21	35	21	8	73	34	16	127	1233	64	41	94	..	..	..	..	..	4669	17805	207	13769	4390	1121
Patna	14	190	1	..	..	..	232	617	296	24	142	1	54	141	3	139	2420	171	6	39	15	..	..	..	..	5629	30134	134	23855	7155	1749
Benares	92	76	31	7	29	34	295	1496	94	463	233	7	185	723	401	320	2394	115	240	322	4	20	125	315	1	2113	39006	167	23638	1391	1865	
Alahabad	26	149	10	13	34	4	74	666	8	45	141	..	75	65	61	312	2066	89	5	144	..	2	37	22	..	4704	25533	177	28834	9532	1770	
Farruckabad .....	..	2	..	..	5	3	48	3	11	10	..	6	2	22	6	189	..	2	3	..	..	..	..	..	..	902	3061	1	1864	1196	1037
Cawnpore	13	..	..	..	15	..	20	238	..	47	16	..	53	54	34	124	1022	245	14	110	..	..	..	..	..	2068	11061	..	10053	1088	1547
Agra	10	60	..	..	27	1	97	687	..	2	13	21	34	15	23	340	2320	7	66	95	..	2	7	25	1	4556	19082	..	19052	1542	1542
Muttra	1	..	..	..	..	..	6	68	1	2	5	..	20	1	32	41	692	1	37	4	..	..	15	..	..	968	5120	4	4396	720	1385
Dehi .....	..	37	1	2	21	1	39	547	9	29	40	3	23	15	2	191	1015	124	37	108	..	..	..	..	..	2957	14692	1	12773	2488	1236
Bareilly	5	8	6	1	10	1	70	388	58	28	42	..	6	239	106	4295	151	4	319	..	..	..	..	..	..	6038	31101	135	18102	12964	1393
Moradabad	10	13	..	13	6	..	30	147	9	19	8	..	16	22	51	57	1314	34	20	140	..	1	17	24	..	2219	9531	64	8828	659	1393	
Shahjehanpoor ..	1	53	1	..	..	..	26	32	..	4	9	..	1	3	16	17	200	71	4	40	..	..	10	10	..	205	1776	3	1464	290	1093
Jubbulpore	11	32	1	2	20	..	10	174	3	8	42	..	4	10	38	133	2126	42	18	65	..	..	10	7	..	1476	11034	90	7592	3468	1076
Total	329	821	62	61	291	81	1127	6632	542	848	1066	44	679	1138	987	2406	25639	1508	686	2272	27	27	492	569	9	51908	261500	15751	165367	94618	23411	
Died.....	1	..	20	1	2	5	8	..	1	..	54	..	20	2	4	11	2	1	1	9	..	3	13	2	1	107

As the determination of the diseases in 94,618 patients, who ceased to attend, could not be traced, no satisfactory results can be obtained by the insertion of the deaths under the several diseases.

TABLE II.—Showing the Cures among the Out-Patients treated in the Several Dispensaries.

Number of Half-yearly Reports.	Dispensaries.	Of the Digestive Function.				Of the Sanguineous Function.										Ulcers.																	
		Colica.	Diarrhoea.	Cholera.		Icterus.	Asthma.	Febris.			Pilegmon and Abscesses.	Inflam-matio.			Hepa-titis.		Splenitis.		Ophthal-mia.		Catarrhus.	Dysen-teria.		Rheuma-tismus.		Varicella.	Phthisis Pulmonalis.	Scrofula.	Syphilis.		Elephantiasis.	Scorbutus.	Gangrena.
				Biliosa.	Spasmodica.			Intermittents.	Remittents.	Continua.		Cephalica.	Thoracica.	Enteritica.			Acuta.	Chronica.	Acuta.	Chronica.		Acuta.	Chronica.	Acutus.	Chronicus.								
4	Bhowanipoor.....	175	138	26	13	15	21	408	60	367	1043	12	10	18	5	19	170	77	150	7	81	79	93	625	18	533	168	11	..	8	908
6	Moorsheadabad.....	5	157	24	9	..	..	1488	5	8	504	2	22	2	..	..	102	3	75	20	..	197	2	934	..	..	1	251	103	4	..	919
6	Poorree, or Juggernath	18	118	6	90	1	2	319	3	..	70	..	11	..	..	9	12	18	20	118	130	44	66	2	..	..	1	135	79	2	..	292
5	Chittagong.....	10	187	94	19	4	86	584	8	221	205	..	238	..	45	84	61	78	202	89	53	215	752	2	18	5	136	139	..	2	694		
6	Dacca.....	479	273	204	130	7	64	1383	240	744	220	82	80	29	19	8	680	108	35	186	148	55	498	702	3	1	3	315	132	7	..	8	
6	Pana.....	48	1223	62	149	12	370	876	53	401	760	168	5	2	76	174	586	353	114	1069	893	119	2637	1299	9	20	131	1264	401	56	4	3	
6	Benares.....	144	717	288	131	71	212	1189	846	125	2057	10	11	6	69	94	549	462	461	681	489	384	740	816	46	2	186	2123	1633	18	21	121	
6	Allahabad.....	213	827	16	30	4	67	1490	714	183	821	..	128	10	1	4	101	145	156	437	120	214	90	506	41	..	15	706	461	..	1	27	
2	Furruckabad.....	11	176	1	..	..	..	104	5	98	144	1	2	..	1	..	13	8	15	24	52	21	50	32	..	..	..	102	36	..	..	205
6	Cawnpore.....	231	207	12	..	3	31	310	630	5	463	..	32	..	..	6	47	42	161	309	18	142	47	1649	..	32	579	637	2	..	..	810
6	Agra*.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2	Muttra.....	58	406	..	29	2	..	257	8	248	324	..	..	..	..	18	12	168	420	13	102	..	280	..	..	..	..	111	38	..	..	403
6	Delhi.....	350	309	..	..	2	207	2371	235	639	108	14	66	146	..	14	288	104	242	3	18	340	64	938	6	..	14	546	187	..	2	855
6	Bareilly.....	520	676	4	12	2	222	1070	239	1403	574	6	24	2	3	..	6	448	29	1134	336	..	512	886	..	..	2	855	57	..	132	2
5	Moradabad.....	182	230	21	1	4	22	1172	44	15	140	5	307	20	4	20	55	67	293	20	20	43	193	769	..	..	25	225	241	4	..	8
1	Shajehampoor.....	84	40	2	..	..	7	132	4	..	53	..	1	1	1	1	7	13	34	118	25	16	35	192	..	8	18	27	23	..	..	130
4	Jubbulpore.....	64	422	1	138	3	1	1272	875	12	344	..	44	4	1	41	50	89	127	106	79	74	316	..	3	4	168	130	..	..	1	658
Total.....		2592	6106	737	771	130	1312	14425	3969	4469	7340	301	971	251	181	385	2756	1965	2118	4677	2526	1974	5344	10692	112	49	455	8086	4465	104	162	180	15196

* All the cases in the Agra Reports returned as *relieved* only, and not as "*cured*," they are therefore omitted.

TABLE II.—continued.

Number of Half-yearly Reports.	Dispensaries.	Of the Nervous Function.							Of the Sexual Function.	Of the Excrement Function.										From External Violence.						Total.			
		Mania.	Catarrhs.	Tetanus.	Chorea.	Epilepsia.	Apoplexia.	Paralysis.	Gonorrhoea.	Tumours.		Hydrops.		Dysuria.	Lepra.	Psora and Herpes.	Contusio.	Luxatio and Subluxatio.	Vulnus.				Fractura.	Concussio Cerebri.					
										Bronchocele.	Tumours.	Anasarca.	Hydrothorax.						Ascites.	Incisum.	Scalpettorum.	Anginuum.			Ambustio.				
4	Bhowanipoor.....	16	34	4	..	1	12	45	116	1	29	62	..	16	17	11	41	881	201	38	159	8	2	14	14	..	1269	8271	
6	Moorshedabad	4	..	..	2	..	..	2	203	1	12	13	..	..	16	..	2	933	18	133	82	..	..	16	5	..	125	6404
6	Poore, or Juggernath	9	3	..	1	2	..	..	34	..	6	53	..	1	5	..	6	151	11	5	24	..	..	..	10	..	348	2236
5	Chittagong	7	2	13	5	16	345	8	27	27	..	18	6	11	1	1292	103	20	373	8	..	4951	11468
6	Dacca	14	30	..	6	6	121	3	34	9	4	18	29	12	8	830	60	41	88	9	35	..	3970	13889
6	Patna	9	114	1	..	4	..	74	518	116	17	86	..	38	27	..	2	2286	163	4	27	21	..	46	5	3	..	4451	23835
6	Benares	83	47	16	..	13	..	95	948	15	220	59	1	25	346	241	56	1660	85	155	236	4	11	88	199	..	804	22638	
6	Allahabad	23	2	..	2	..	262	3	24	25	2	39	44	2	994	87	5	127	1	30	15	..	3437	13824
2	Furruckabad .....	..	..	..	..	..	1	..	14	..	8	..	..	1	2	15	..	169	..	2	..	..	..	1	1	..	551	1874
6	Cawnpoor	8	..	..	..	..	..	5	239	..	31	16	..	24	43	33	..	975	208	13	105	..	..	10	..	..	1937	10053
6	Agra* .....	..	..	..	..	..	..	..	61	..	..	6	..	..	..	1	..	661	1	3	..	4	..	15	..	..	745	4396
2	Muttra .....	..	..	..	..	..	..	8	434	1	22	25	2	7	10	2	9	779	57	35	106	..	..	12	..	..	2574	12173
6	Delhi	15	6	6	183	7	19	5	..	2	3	90	..	2024	104	2	219	134	18	2	..	3874	18102
6	Bareilly	1	1	1	..	..	..	20	136	8	17	7	..	14	21	49	5	1264	33	20	138	..	..	17	23	..	2165	8828
5	Moradabad	8	12	..	12	3	..	18	23	..	8	..	..	..	8	21	5	187	71	4	37	..	..	12	5	..	177	1464
1	Shahjehanpoor .....	..	5	..	..	..	..	1	105	..	8	13	..	..	8	21	5	1191	37	16	60	..	..	..	..	..	984	7502
4	Jubbulpoor.....	3	4	..	1	1	105	..	8	13	8	21	5	1191	37	16	60	12	5	..	984	7502
Total		162	290	24	22	33	30	296	8742	163	476	411	7	156	574	543	139	16277	1239	496	1795	33	14	392	369	5	..	32362	165367

All the cases in the Agra Reports returned as *relieved* only, and not as "*cured*," they are therefore omitted.

TABLE III.—Showing the Deaths among the Out-Patients Treated.

Number of Half-yearly Reports.		Of the Digestive Function.				Of the Respiratory Function.	Of the Sanguineous Function.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
Dispensaries.		Cholera.		Icterus.		Asthma.	Febris.			Inflammatio.			Hepatitis.		Opthal-mia.		Dysen-teria.		Rheuma-tismus.		Syphilis.		Ulcers.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
		Colica.	Diarrhœa.	Biliosa.	Spasmodica.		Remittens.	Intermittens.	Continua.	Phlegmon & Abscesses.	Cephaliœa.	Thoracica.	Enteritica.	Acuta.	Chronica.	Splenitis.	Acuta.	Chronica.	Acutus.	Chronicus.	Varicela.	Phthisis Pulmonalis.			Scrophula.	Primativa.	Consecutiva.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
4	Bhowanipoor	1	5	1	1

TABLE III.—continued.

Number of Half-yearly Reports.	Dispensaries.	Of the Nervous Function.							Of the Excrement Function.							From External Violence.							Total.					
		Mania.	Catarrh.	Tetanus.	Chorea.	Epilepsia.	Apoplexia.	Paralysis.	Gonorrhoea.	Tumores.	Hydrops.				Dysuria.	Lepra.	Psora and Herpeo.	Contusio.	Luxatio & Subluxatio.	Vulnus.				Concusio Cerebri.	Alii Morbi.			
											Bronchocele.	Tumores.	Anasarca.	Hydrothorax.						Ascites.	Hydrocele.	Inscisum.				Scloppetorum.	Anguinum.	Ambusio.	Fractura.
4	Bhowanipoor .....	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	2	11
6	Moorsheadabad .....	..	..	..	..	..	..	..	..	..	..	38	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	16
6	Poore, Juggernath	1	..	..	..	..	..	..	..	..	..	..	4	..	..	..	..	..	..	..	..	..	..	..	..	1	2	560
5	Chittagong .....	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	15
6	Dacca .....	..	..	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	2	207
6	Patna .....	..	..	..	..	..	..	..	..	..	..	3	..	2	..	..	..	..	..	..	..	..	..	..	..	..	6	124
6	Benares .....	..	..	5	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..	2	..	1	..	..	..	..	..	177
6	Allahabad .....	..	..	6	..	..	2	3	..	..	..	3	..	6	..	..	..	..	..	1	..	..	8	..	..	..	10	167
2	Furruckabad .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
6	Cawnpoor .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6	Agra .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2	Muttra .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4
6	Delhi .....	..	..	..	1	..	..	4	..	..	..	4	..	3	2	2	..	..	..	2	..	..	2	1	..	..	26	185
6	Bareilly .....	..	3	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	53	64
5	Moradabad .....	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	1	3
1	Shajehanpoor .....	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
4	Jubbulpoor .....	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	1	90
Total Died		1	..	20	1	2	5	8	..	1	..	54	..	20	2	4	11	2	1	1	9	..	3	2	1	107	1575	

TABLE IV.—Showing the Deaths among the House-Patients Treated.

Dispensaries.	Of the Digestive Function.				Of the Respiratory Function.	Of the Sanguineous Function.																											
	Colica.	Diarrhoea.	Cholera.			Icterus.	Asthma.	Febris.			Phlegmon & Abscesses.	Inflammatio.			Hepatitis.		Ophthalmia.		Dysenteria.		Rheumatismus.		Variola.	Phthisis Pulmonalis.	Scrophula.	Syphilis.		Elephantiasis.	Scorbutus.	Gancrena.	Ulcers.		
			Biliosa.	Spasmodica.	Intermittens.			Remittens.	Continua.	Cephala.		Thoracica.	Enterica.	Acuta.	Chronica.	Splenitis.	Acuta.	Chronica.	Acutus.	Chronicus.	Primativa.	Consecutiva.											
Bhowanipoor	1	..	..	1	1	..	5	1	1	1	..	..	..	..	..	3	..	2	..	..	..	..	..	..	..	..	..	..	..	..	1	..
Moorsheadabad	1	9	..	2	..	..	6	3	..	..	..	..	..	..	..	..	..	40	79	..	..	..	..	..	..	..	..	..	..	..	2	1
Poore .....	..	25	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	6	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Chittagong	2	2	6	..	..	..	5	1	..	..	..	..	..	..	..	9	7	2	4	1	..	..	..	..	..	..	..	..	..	..	1	1
Dacca .....	..	2	3	..	..	..	2	1	..	2	..	..	..	..	..	4	2	2	1	1	..	..	..	..	..	..	..	..	..	..	1	1
Patna .....	..	5	1	1	..	..	2	1	..	..	..	..	..	..	..	3	..	2	1	1	..	..	..	..	..	..	..	..	..	4	2	5
Benares	4	8	24	1	3	..	3	1	..	3	..	13	8	6	..	3	19
Allahabad	55	2	4	..	1	5	2	26	6	1	1
Cawnpoor	3	1	4	..	..	..	1	6	1	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	1
Agra .....	..	4	2	..	..	..	4	3	3	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..
Muttra	1	4	3	3	1	1	2	1	..
Delhi	1	..	1	1	..	1	3	4	1	..	..	..	..	..	..	1	1	..	3	..	..	..	..	..	..	..	..	..	..	..	1	..
Bareilly	6	1	..
Moradabad	2	1	1	..
Jubbulpoor	5	11	3
Total Died....	7 119	13	22	1	4	36	47	8	6	6	..	6	1	1	6	20	1	24	176	5	20	2	2	7	..	16	14	..	1831

TABLE V.—*continued.*

Number of Half-yrly. Reports	Of the Nervous Function.							Of the Excrement Function.							From External Violence.						Total.	Died.	Cured.	Relieved, or Absconded.				
	Mania.	Catarrh.	Tetanus.	Chorea.	Epilepsia.	Apoplexia.	Paralysis.	Gonorrhoea.	Tumores.	Hydrops.				Dysuria.	Lepra.	Scrofula and Herpes.	Contusio.	Luxatio and Subluxatio.	Vulnus.						Fractura.	Concussio Cerebri.	Alii Morbi.	
										Anasarca.	Hydrothorax.	Ascites.	Hydrocele.						Incursum.	Sclopetorum.								Anginum.	Ambustio.
4	Bhowanipoor	8	1	..	..	4	1	..	3	2	13	5	2	1	10	67	3	..	1	2	..	2	2	6	65	10	48	8
4	Moonsheeabad	2	..	..	..	..	1	38	1	40	3	2	1	10	..	2	..	4	3	..	3	3	251	1295	146	91	45	709
5	Poorer, Juggernath	6	1	..	..	..	6	9	2	3	3	12	1	..	..	..	..	6	16	..	6	3	37	288	20	121	62	
5	Chittagong	1	..	..	..	2	..	1	5	4	6	2	5	..	..	..	..	1	86	..	2	..	87	288	49	168	71	
6	Dacca	96	..	..	..	..	3	1	1	6	2	5	..	..	3	..	..	6	11	..	2	60	32	881	29	231	101	
6	Patna	2	4	..	..	1	..	1	5	1	12	2	6	2	3	3	2	3	110	..	1	21	16	870	14	43	36	
1	Allahabad	1	..	..	..	..	..	..	..	..	6	..	..	2	1	..	..	4	17	..	..	2	6	93	246	820	177	
6	Farruckabad*	13	9	..	1	1	14	3	14	9	37	2	14	8	18	25	..	4	19	3	6	21	103	1243	29	54	29	
6	Cawnpore	2	..	..	..	..	..	..	2	3	9	9	..	..	3	..	..	1	8	2	3	3	36	149	16	85	48	
2	Agra	3	..	..	..	..	..	..	3	5	4	9	1	..	..	..	..	1	27	..	1	18	33	386	36	283	37	
2	Mathura	8	..	..	2	3	2	5	1	2	6	4	7	13	..	1	4	3	22	..	..	17	5	18	302	37	177	88
6	Bareilly	2	..	..	..	..	..	..	3	2	6	..	..	..	..	..	..	1	53	3	2	..	..	..	..	..	..	..
6	Moradabad*	8	..	..	..	..	3	..	3	..	4	..	6	8	1	3	1	3	53	3	7	..	1	20	338	45	215	78
2	Shahjahanpoor* .....	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..	..	1	53	3	2	..	..	..	..	..	..	..
2	Jubbulpore .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	53	3	2	..	..	..	..	..	..	..
Total	40	148	6	..	13	9	43	62	9	41	109	11	6	28	95	40	27	316	5	1	25	108	18	608	5306	842	3504	1356
Died	2	..	4	..	..	5	8	2	3	7	42	1	1	4	..	2	1	19	2	..	8	17	5	55	..	842	..	..

* No Return.

N.B. With respect to the mortality, as the cases were those brought in only at the last extremity, no satisfactory conclusion can be drawn on the subject of the treatment, whether successful or otherwise. As the figures stand, the deaths were about 14·3 per cent. of the patients. The deaths at Poorer are accounted for by its being the Juggernath Pilgrims' Hospital; and the numerous patients were picked up upon the roads in a dying state.

TABLE VI.—continued.

Dispensaries.	Of the Nervous Function.							Of the Excrement Function.							From External Violence.													
	Mania.	Catarrha.	Tetanus.	Chorea.	Epilepsia.	Apoplexia.	Paralysis.	Gonorrhœa.	Tumores.		Hydrops.				Lepra.	Pecora and Herpes.	Luxatio and Subluxatio.	Vulnus.										
									Bronchocele.	Tumores.	Anasarca.	Hydrothorax.	Ascites.	Hydrocele.				Incisum.	Scelopetorum.	Anginum.								
Moorshedabad... Days.	14	...	...	...	...	...	...	$\frac{10}{12}$	...	7	$\frac{9}{12}$	...	...	...	120	7	$\frac{2}{3}$	$\frac{7}{12}$	...	...	...	...	...	...	...	...	...	...
Dacca	36	...	...	...	...	...	$\frac{11}{12}$	$\frac{1}{12}$	...	$\frac{6}{12}$	...	...	...	16	$\frac{5}{12}$	4	10	$\frac{8}{12}$	...	...	...	...	17	$\frac{24}{12}$	...	...	...	...
Benares .....	...	...	...	39	...	...	...	$\frac{10}{12}$	...	10 $\frac{5}{12}$	...	...	...	...	6	...	...	$\frac{22}{12}$	...	...	...	...	22	$\frac{36}{12}$	...	...	...	...
Bareilly .....	...	...	...	...	...	...	...	$\frac{10}{12}$	6	...	...	11	...	...	$\frac{13}{12}$	...	8	...	...	...	...	...	31	11	10	...	...	...
Moradabad	11 $\frac{8}{12}$	1 $\frac{1}{12}$	...	...	...	...	...	$\frac{1}{12}$	$\frac{1}{12}$	$\frac{1}{12}$	...	20	12	...	4	$\frac{100}{188}$	$\frac{5}{188}$	$\frac{1}{6}$	$\frac{1}{6}$	...	...	...	14	$\frac{20}{31}$	...	...	...	...

NOTE.—The explanation of the $\frac{4}{3}$, $\frac{8}{12}$, $\frac{11}{14}$, &c. &c. is, that the average time each disease was under treatment varied at different periods, for $\frac{4}{3}$ 4 days to 36 days, from $\frac{8}{12}$ 8 days to 112 days, and $\frac{11}{14}$ from 11 days to 14 days.

APPENDIX.

THE Cholera and Vaccination Returns, together with those of the surgical operations from the several Dispensaries, being of too extended and detailed a nature for insertion in the Journal of the Statistical Society, I merely annex a specimen of the several returns to show their form and character. The detailed reports from many of the native sub-assistant surgeons of their treatment of local diseases, and of their surgical operations, particularly in cataract and lithotomy, are not less interesting than instructive.

The only census furnished of the population of a town or city where a Dispensary is located, is that of Allahabad, annexed.

The following abstract will show the nature of the operations performed at Cawnpoor, from 1st August to 31st January, 1845:—

Names.	Age.	Sex.	Diseases.	Operations.	Remarks.
Begay.....	27	Female..	Cartilaginous tumour on the buttock.	Removed	Successful.
Lalloo	45	Male	Urinary calculus	Lateral operation lithotomy.	Ditto.
Inderjit	14	Ditto	Gangrene of the arm.	Amputation at the shoulder.	Ditto.
Lallawa	39	Ditto	Urinary calculus	Lateral operation lithotomy.	Ditto.
Gadha	8	Ditto	Ditto	Ditto	Ditto.
Horeojuon	45	Ditto	Ascites	Tapped	Relieved.
Motty	44	Ditto	Steatomatous tumour on scalp	Removed.....	Successful.
Voora.....	5	Ditto	Urinary calculus	Lateral operation lithotomy.	Ditto.
Alwar.....	10	Ditto	Ditto.....	Ditto	Ditto.
Pirbux	64	Ditto	Ditto	Ditto	Died.
Permo	33	Ditto	Elephantiasis of the penis.	Operated on; body of penis saved.	Successful.
Amirbux	20	Ditto	Sloughing cancer	Amputation of the penis.	Ditto.
Nundkissore.	15	Ditto	Urinary calculus	Lateral operation lithotomy.	Ditto.
Howagun	44	Ditto	Fungus hoematodes of eye.	Extirpation of the eye.	Ditto.
Rambux.....	30	Ditto	Tumour on the scalp.	Removed.....	Ditto.
Kissory	14	Female..	Sloughing of the hand.	Amputation above the wrist.	Ditto.
Kisna.....	2	Male	Urinary calculus	Lateral operation lithotomy.	Ditto.

Statement of Cholera Patients treated in the different Thanahs of the City of Patna, by the Dispensary Apprentices, during the Months of April and May, 1841.

Disease.	Admitted.	Cured.	Died.	Remark.
Cholera	2,016	1,810	206	10 per cent. died.
Total	2,016	1,810	206	

(Signed) **RAM ESHUR AWASTHEE,**
In charge Government Dispensary.
PATNA,
 18th November, 1841.

Half-Yearly Vaccine Return of the Cawnpore Government Dispensary, from 1st August, 1844, to 31st of January, 1845.

Stations.	Corps and Medical Officer.	Successful.	Unsuccessful.	Doubtful.	Total.	Subjected to Bryce's Tests.	Grand Total.	
Cawnpore.	Mr. Assistant Surgeon E. Goodeve, Superintendent. Native Vaccinator							
	Durrewah	5	3	....	8	....	8	Aug.
	Ditto	6	4	....	10	....	10	Sept.
	Ditto	5	4	....	9	....	9	Oct.
	Ditto	8	5	1	14	....	14	Nov.
	Ditto	7	3	2	12	....	12	Dec.
	Ditto	5	4	1	10	....	10	Jan., 1845.
	Total	36	23	4	63	....	63	

Census of the City of Allahabad, January 1st, 1841.

Name of Thannah.	Number of Houses.	Number of Inhabitants.		Total Number of Inhabitants.
		Hindoos.	Mussulmans.	
Kutwallee	2,245	5,852	2,716	8,568
Badshahumundnee	2,302	7,214	3,559	10,773
Daragunge	1,485	5,949	1,149	7,098
Kitgunge	3,145	9,471	2,573	12,044
Dureeabad	1,769	5,756	2,674	8,430
Khooldabad	1,291	2,779	3,594	6,373
Kuttra	2,378	6,994	4,766	11,760
Total	14,615	44,015	21,031	65,046